## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

4269

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			0 7		Coluin		·			OR 7			
<u> </u>								RATE	FEE	- ↓	RATE	. FEE	
FOR			NUMBER FILED NUM		IUMBE	R EXTRA		BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20= *			)		X\$ 9=	18	OR	X\$18=		
IN	DEPENDENT C	LAIMS	minus 3 =					X43=	86	OR	X86=		
Мί	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				+145=	16.12	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in col								TOTAL	1080	OR	TOTAL		
CLAIMS AS AMENDED - PART II							OTHER THAN						
		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	<u> </u> *	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
			TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE							
		,	DDII. FEE	<u> </u>		AUDII. FEEI							
AMENDMENT B		(Column 1) CLAIMS REMAINING		(Column 2	T	Column 3)	Г		ADDI-	1		ADDI-	
		AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR	Υ	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**	-  -	·		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		· .		X43=		OR	X86=		
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT CLA	AIM		╽┟						
								+145= TOTAL		OR	+290=	•	
										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	Y	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=			X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	:	l H	X43=			X86=		
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	X-10-		OR	700-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OP TOTAL ADDIT. FEE													
1	The "Highest Num	ber Previously Paid	I For" (Total or	Independent) is	the hi	ghest number	r foun	d in the app	ropriate box	in coli	ımn 1.		